

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 5 72 603

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		3				
4		2				
5		2				
6		3				
7		3				
8		3				
9		3				
10		3				
11		3				
12		3				
13		3				
14		3				
15		0				
16		0				
17		0				
18		0				
19		0				
20		0				
21		0				
22		0				
23	1	0				
24	1	0				
25		0				
26		0				
27		3				
28		0				
29		0				
30		0				
31		0				
32		0				
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34		0				
35		0				
36		0				
37		0				
38		0				
39		0				
40		0				
41		0				
42	1					
43	1					
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	58	←		←		←
TOTAL CLAIMS	63					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

* *claims numbered*